	Elle	clive Oct	ober 1, 20	JU4 		<u></u>						
	CLAIMS		S FILED - PART I		ບ <b>ກ</b> ກ 2)		SKYTT EKULJ				THER THAN KALL ENTITY	
TOTAL CLAIM					1	ATE	FEE	٦	RATE	FEE		
FOR.	NUMBER FILED NU			BER EXTRA	ВА	SIC FE	E 395.00	OF	BASIC FEI			
TOTAL CHARG	minus 20= *				,	<b>S</b> 25:		OR	.X50 L=.			
INDEPENDENT	ininus 3 =			•	,	(ໝ_		OR	X\$20=			
MULTIPLE DEF	PRÉSENT	RESENT .				150=		OA		7 -		
If the different	ce in column 1 is	less than:	less than zero, enter "0" in column 2				DTAL		OR	<u> </u>		
	CLAIMS AS	AMENDE	D - PAR	TII.	•	:		-		OTHER	THAN	
	(Column 1)		(Colun	nn 2)	(Column 3)	SI	MALL	ENTITY	OR		ENTITY	
1-7-05 Total	CLAIMS REMAINING AFTER AMENDMENT		HIGH NUME PREVIO PAID I	SER NUSLY	PRESENT EXTRA	R	ATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
Total	. 23	Minus	-2	3	=	×	<b>ර</b> =		- OR	X\$50=		
Independent	DRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				×	160 :		OR	X200=	200		
							50=		OFI	4360=		
			•	•			TOTAL		OR	TATOT	Wart	
	(Column 1)		(Colum	en 21	(Column 3)	ADDI	r. FEE	L	1000	ADDIT FEE		
3/3/05 Total Independent	CLAIMS REMAINING AFTER AIKENDMENT		HIGHE KUME FREVIO PAID F	IST ER USLY	PRESENT EXTRA	Fc/	JE,	ADDI- TIONAL FEE		RATE	-IGGA JAHOIT FFE	
Total	-2/	Minus	0	3	=	X.7			OR	XSSL =		
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	•				4.	+15	i0=		OR	+300=		
•						ADOIT	OTAL FEE		OR	TOTAL ADDIT. FEE		
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Total Independent	CLAIMS REMAINING AFTER - AMENDMENT		HIGHE NUMBI PREVIOL PAID F	er Jsly	PRESENT EXTRA	RA	TE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
Total	•	Minus ·	44	•	. 0 .	X2:		•	OR	XS50=		
Independent	• .	Minus'	ece	•	÷.		<del></del> }		I	Yau	• •	
FIRST PRESI	ENTATION OF MU	LTIPLE DE	PENDENT (	MIAJO		XIO	7-		OR	X200:		
* If the entry in column 1 is less than the entry in column 2, write "o" in column 3.									OR	+300=		
" If the "Highest Nu	amber Previously Pa	id for IN TH	IS SPACE is I	ess than	20 enter "20."	ADOIT.	TAL FEE		OR A	TOTAL DOIL FEE		
"If the Highest Ni	ariber Previously Paid	l for in th	IS SPACE IS	less that	i Lenier	,			^		•	

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